



**Alaska
Partnership**

*for Healthy
Communities*

Integrating Human Services

*Working Together to Better
Serve Alaskans*

*Alaska Department of Health
& Social Services
August 2005*



Alaska Partnership for Healthy Communities

Our Vision ~

- *Community Ownership*
- *Improving Services*
- *Sustainable Structure and Funding*



What is the Alaska Partnership for Healthy Communities?

- An initiative to improve collaboration among government agencies and communities through projects that promote integrated services for Alaskans.
- A broad 'umbrella' strategy that connects and guides a number of related projects all designed to integrate health and social service delivery.



Why create a Partnership?

- People in need of services must wade through a confusing maze of unconnected state agencies and programs.
- Integration of comprehensive services that address needs in a coordinated and collaborative manner can achieve the best outcomes.
- Integration enhances the amount and quality of services that can be achieved with existing resources.



Partnership Principles

- *Comprehensive*
- *Integrated*
- *Community-based*
- *Accessible*
- *Holistic*
- *Person - centered*
- *Accountable*
- *Culturally Appropriate*

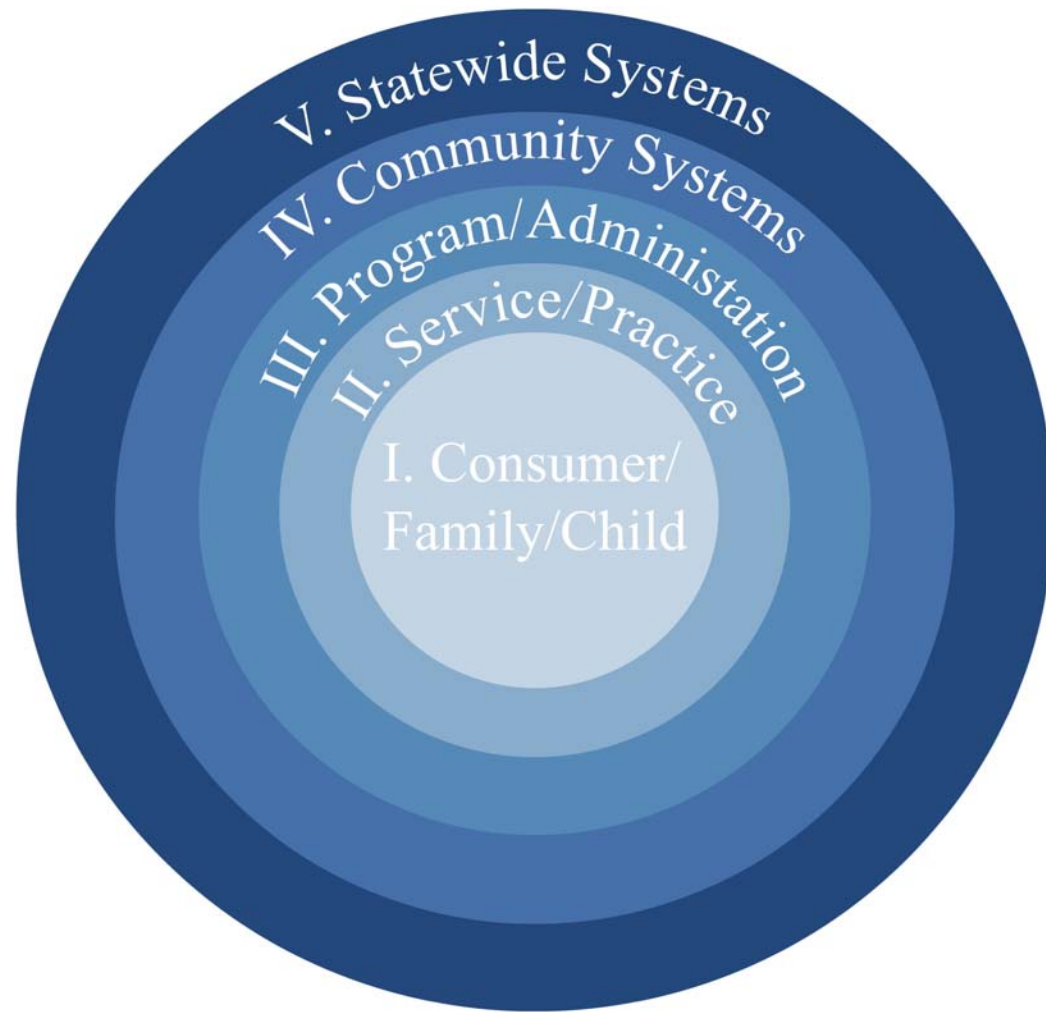


Partnership Principles

- ***Comprehensive*** – providing a complete continuum of integrated care and supports, including prevention, early intervention, and intensive care and supports;
- ***Integrated*** – planned and implemented through partnerships of governmental, tribal and private organizations at the local, regional, and statewide levels with care provided across service systems as seamlessly as possible;
- ***Community-based*** – serves Alaskans within their homes and communities whenever possible and, if care outside the home or community is unavoidable, as close to their homes as possible to maintain family involvement and community ties;
- ***Accessible*** – structured, supported and deployed to provide Alaskans prompt and ready access to services that are engaging and supportive in promoting wellness and averting intensive or intrusive interventions while providing the basic safety net for those emergent and critical needs;
- ***Holistic*** – addressing the full range of consumer life needs which are fundamental to achieving maximum individual potential;
- ***Person - centered*** – providing policies, structures and processes in which individual rights, dignity, and privacy are primary and individual self-determination and family participation and strengths are maximized in planning and implementing care;
- ***Accountable*** – focused on outcomes with systems for measuring results and assuring services and practices which demonstrate effectiveness and use resources efficiently; and,
- ***Culturally Appropriate*** – is respectful of and responsive to the cultural values, beliefs and needs of individuals.



Human Service Integration Layers

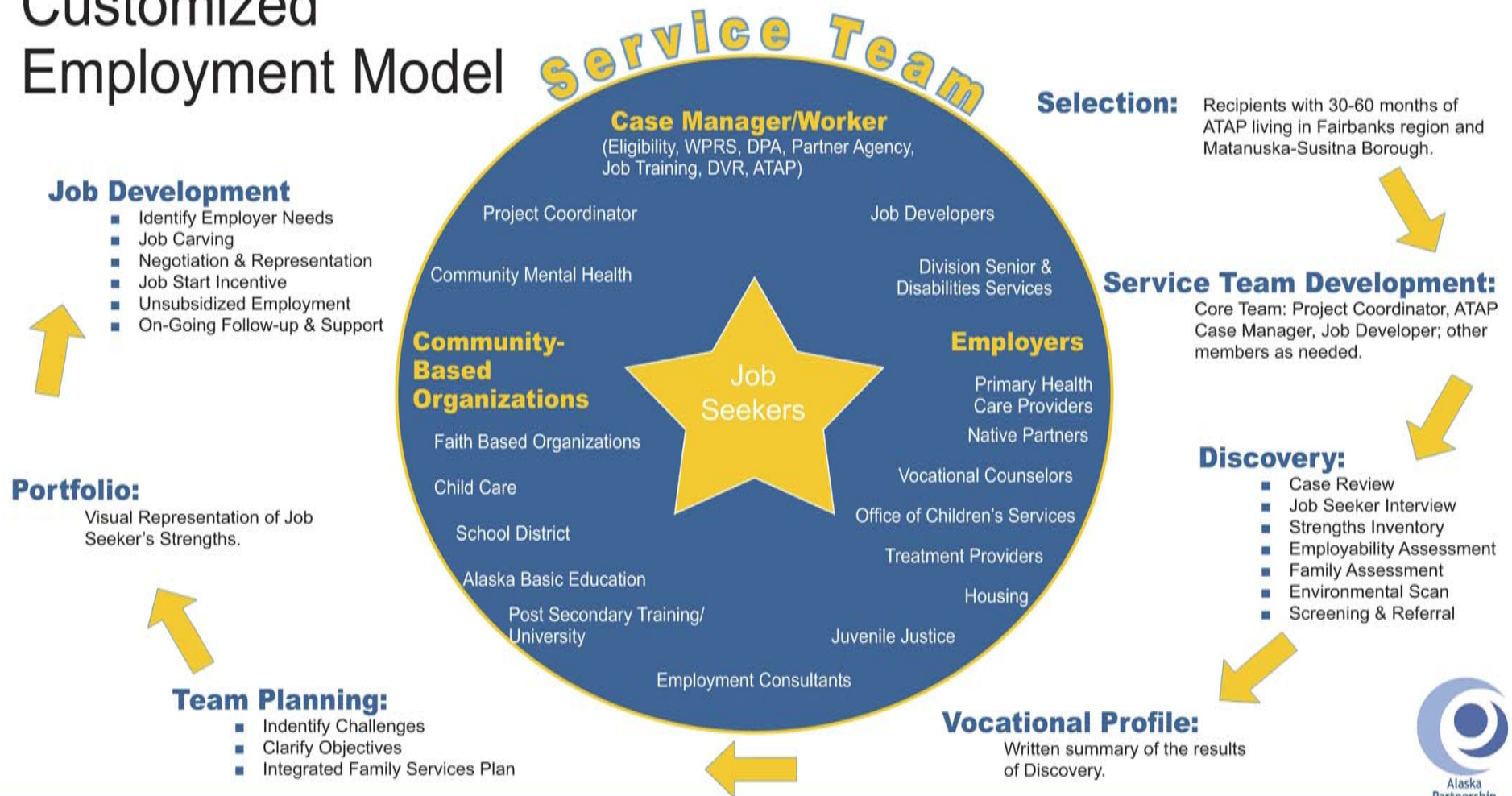




Current Initiatives in DHSS

Layer I Consumer/ Family/Child	Layer II Service/Practice/ Clinical	Level III Program/ Administration	Layer IV Community	Layer V Statewide System
The Behavioral Health Integration Project (BHIP) DBH				
Bring the Kids Home(BTKH) DBH				
		Integrated Children Services Phase I Matanuska-Susitna Borough DBH/DHSS		
		Integration of Licensing and Background Checks DPH		
Chronic Disease Primary and Secondary Prevention DPH				
Probation School DJJ				
Family Centered Services DPA/DHSS				
Job Center Integration DPA/DOLWD				
Child Care Integration DPA				
		DPA Policy Integration DPA		
Reclaiming Futures DJJ				
Kenai Peninsula Youth Facility Community Classroom Utilization DJJ				
Community Action Coalition for Prevention (CACP) DJJ				
				AJCN Common Intake Form DPA/DOLWD
				Master Client Index DHSS

Customized Employment Model





The Customized Employment Model

JOB DEVELOPMENT:

- Identify Employer needs
- Job Carving
- Negotiation & Representation
- Job Start incentive
- Unsubsidized employment
- On-going follow-up & support

SELECTION:

Recipients with 30-60 months of ATAP living in Fairbanks region and Matanuska-Susitna Borough.

SERVICE TEAM DEVELOPMENT:

Core Team: Project Coordinator, ATAP Case Manager, Job Developer; other members as needed.

DISCOVERY:

- Case Review
- Job Seeker Interview
- Strengths Inventory
- Employability Assessment
- Family Assessment
- Environmental Scan
- Screening & referral

VOCATIONAL PROFILE:

Written summary of the results of Discovery

TEAM PLANNING:

- Identify Challenges
- Clarify Objectives
- Integrated Family Services Plan

PORTFOLIO:

Visual representation of Job Seeker's strengths





Major Milestones for Mat-Su & Fairbanks Projects

- ✓ Contractors selected and onboard
 - Western Interstate Commission on Higher Education
 - Organization & Systems Change Consulting
 - CRG Research
 - Foraker Group
- ✓ Community Readiness Assessment in Mat Su
- ✓ Local 'Kickoff' with Stakeholders ~ April 5 & 7
- ✓ Search Conference in Mat Su ~ April 27-28
- ✓ Human Service Integration Survey ~ Jun 10
- ✓ FCS Statewide Steering Committee ~ Aug 3
- Partnership Day ~ Oct. 26
- RFP for integrated programs to target population (~ 75 kids in Mat Su) ~ Fall
- Integrated program delivery service to target population ~ January, 2006
- Evaluation ~ ongoing



Evaluation Framework

Layer	Outcome Measure
1 Consumer/Family/Child	<ul style="list-style-type: none">■ Entered employment■ Earnings progression■ Employment retention at four months after placement■ % of kids in target population that are able to access all services prescribed in their comprehensive service plan■ % of kids in target population with school drop-out rate less than or equal to the average drop-out rate in the project site■ Client Status Review (CSR) score improvement■ Client / family / customer survey
2 Service/Practice/Clinical	<ul style="list-style-type: none">■ Human Service Integration Measure (pre & post)
3 Program/Admin	<ul style="list-style-type: none">■ % of target population's service plans that demonstrate programmatic alignment and/or cross referencing■ Quality review of administrative efficiency for providers and Department
4 Community	<ul style="list-style-type: none">■ e.g. capacity enhancements for Regional Advisory Councils, Healthy Community Index
5 State/System	<ul style="list-style-type: none">■ Complete the Master Client Index systems project



Definitions: Levels of Integration



Program or services are not aware of other programs or services

Discrete programs or services in the community are aware of other programs or services, but they organize their own activities solely on the basis of their own program or service mission, and make no effort to do otherwise.

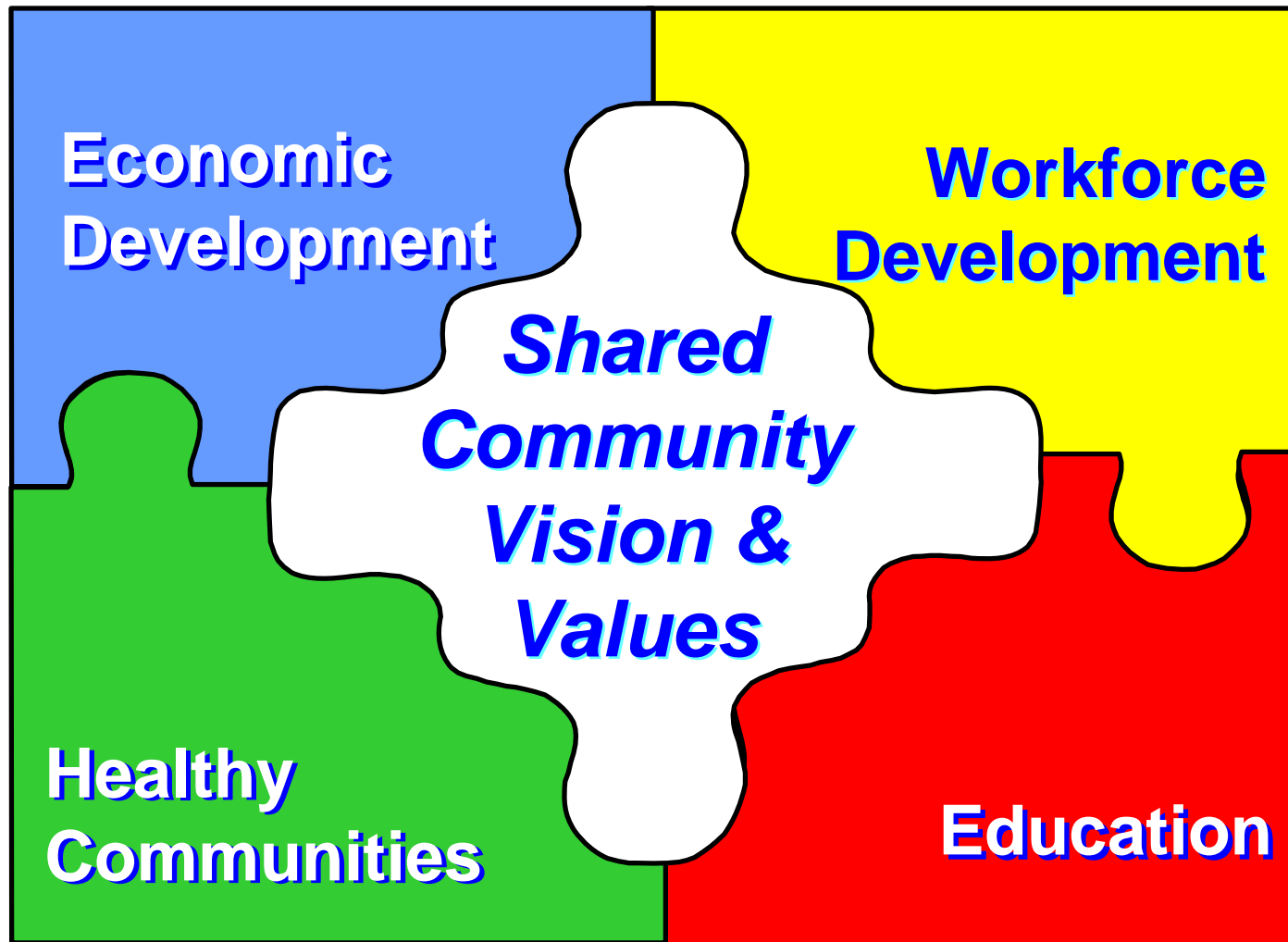
Programs and services actively share information and communicate on a formal basis.

Programs or services modify their own service planning to avoid service duplication or to improve links among services, using their knowledge of other services or programs.

Programs or services jointly plan offered services and modify their own services as a result of mutual consultations and advice.

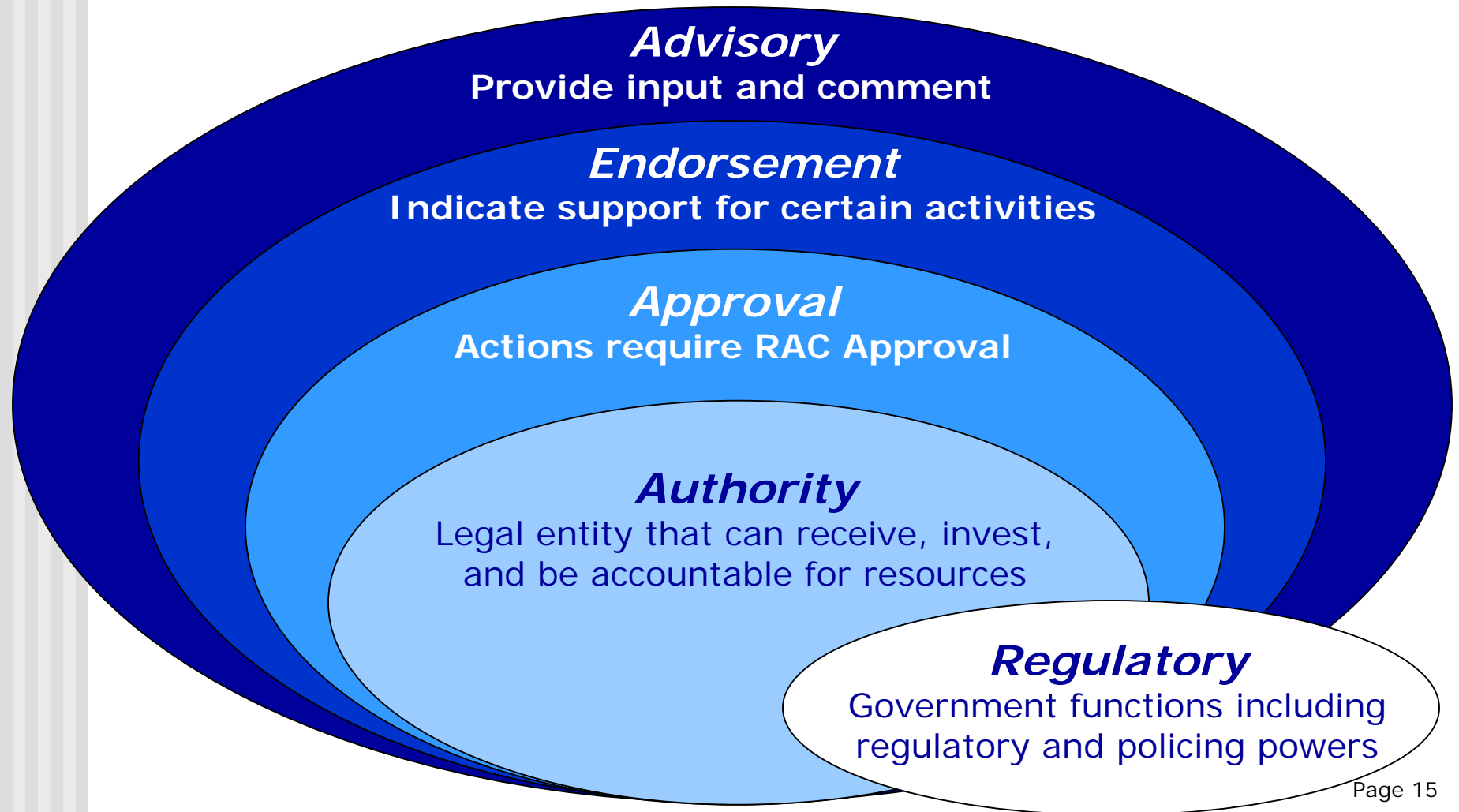


An integrated approach





The Multiple Roles of a Regional Advisory Council





An invitation ... for collaboration

True partnerships are built on collaboration.

- How does the Alaska Partnership for Healthy Communities align with your vision, values and goals?
- How can your organization contribute and participate?
- *Other Questions?*